01-31-07

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee neitherations. maintenance fee notifications

|     | CURRENT CORRESPONDE  | INCE ADDRESS (Note: Use B                   | lock I for any change of address | O P Not  | e: A certificate of mailing<br>(s) Transmittal. This certif | g can only be used fo<br>ficate cannot be used for | r domestic mailings of the or any other accompanying  |
|-----|--|---|----------------------------------|--|---|--|---|
|     |  | naud<br>offy Group LLP<br>rk Road Suite 206 | 2/2006                           | 7 .ΙΔΝ 9 Ο 200 σου <b>σ</b> η Ι  | Cartificate   | of Mailing or Trans                                | or any other accompanying into or formal drawing, must mission a deposited with the United t class mail in an envelope above, or being facsimile ate indicated below. |
| 02/ | Middletown, CT<br>01/2007 ANDNDAF2 00  |   |                                  |  | Christina   | A. Engel   | (Depositor's name)  |
|     |  |   |                                  |  | Christin  | a a. Enge  | (Signature)   |
| 02  | FC:1501<br>FC:1504   | 1400.00<br>300.00                           | ) OP                             |  | Januar  |  | 7 (Date)  |
|     | C:8001 APPLICATION NO. FILING DATE   |   | 7 (1) (1)                        | FIRST NAMED INVENTOR   | ATTO  | RNEY DOCKET NO.                                    | CONFIRMATION NO.  |
|     | 09/820,378 03/28/2001 Paul Richard PC11809ARDT 5667 TITLE OF INVENTION: SAFETY RAZOR WITH PIVOT POINT SHIFT FROM CENTER TO GUARD-BAR UNDER APPLIED LOAD  |   |                                  |  |   |  |   |
|     | APPLN. TYPE  | SMALL ENTITY                                | ISSUE FEE DUE                    | PUBLICATION FEE DUE  | PREV. PAID ISSUE FEE  | TOTAL FEE(S) DUE                                   | DATE DUE  |
|     | nonprovisional   | NO  | \$1400                           | \$300  | \$0   | \$1700   | 02/02/2007  |
|     | EXAMINER   |   | ART UNIT                         | CLASS-SUBCLASS   | ]   | •  |   |
|     | FLORES SANCHEZ, OMAR   |   | 3724                             | 030-526000   |   |  |   |
|     | CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |   |                                  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Michaud-Duffy  2 Group LLP  3                                  |   |  |   |
|     | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Eveready Battery Company, Inc.  St. Louis, MO  Please check the appropriate assignee category or categories (will not be printed on the patent):   |   |                                  |  |   |  |   |
|     |  |   |                                  | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503342 (enclose an extra copy of this form). |   |  |   |
|     | 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  Description b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in  |   |                                  |  |   |  |   |
|     | Authorized Signature  Richard R. Michaud   |   |                                  | k Office.  |   | ary 29, 20   |   |
|     | This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. |   |                                  |  |   |  |   |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.